

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

492562-020220
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District 1003

Registrar's No.

FILED MAY 31 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR TOWN

St. Louis

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

4057 Aldine

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

4057 Aldine

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

John

Middle

Henry

Last

Brown

4. DATE
OF DEATH

Month

5

Day

11

Year

62

5. SEX
Male6. COLOR OR RACE
Negro7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2-28-019. AGE (last birthday)
61IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Water Division11. BIRTHPLACE (City and state or country)
Ala.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Sallie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sallie Brown 4057 Aldine

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Hypertrophic Myocarditis,
Coronary Sclerosis
420.1INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6:03 A

and last saw her alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul J. Simon Deputy Coroner

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

5/14/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

5-18-62

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

23d. LOCATION (City, town, or county)

Berkeley, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Atkins Bros

3644 Finney Ave.

25. DATE RECD. BY LOCAL REG.

MAY 15 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.